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PATENT APPLICATION SERIAL NO.

### U.S. DEPARTMENT OF COMMERCE PATENT AND TRADEMARK OFFICE FEE RECORD SHEET

07/29/2003 SMINASSI 00000036 10627290

01 FC:1001 02 FC:1202

750.00 OP

Adjustment date: 01/12/2004 SZEWDIE1 07/29/2003 SMINASS1 00000036 10627290 02 FC:1202 -198.00 OP

01/12/2004 SZEWDIE1 00000125 10627290

01 FC:1202

180.00 GP

Repln. Ref: 01/12/2004 SZEWDIE1 0013531600 DA#:231925 Name/Number:10627290 FC: 9204 \$18.00 CR

PTO-1556 (5/87)

\*U.S. Government Printing Office: 2001 -- 481-597/59173

TRANSMITTAL LETTER

Case No. 2003P05316US

Serial No. Filing Date Examiner Group Art Unit To Be Assigned

Inventor(s)

Kutay F. Ustuner et al.

Title of Invention

ADAPTIVE GRATING LOBE SUPPRESSION IN ULTRASOUND IMAGING

#### TO THE COMMISSIONER FOR PATENTS

is the seminariement, surring										
Transmitted herewith is <u>Supplmental Information Disclosure Statement</u> , PTO Form-1449, 1 Cited Reference, and return post cards.										
	Small entity status of this application under 37 CFR § 1.27 has been established by verified statement previously submitted.									
	Applicant claims small entity status. See 37 CFR1.27.									
	Petition for amonth extension of time.									
$\boxtimes$	No additional fee is required.									
	The fee has been calculated as shown below:									
			Other Than Small Entity							
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Small	Add'l Fee	or	Rate	Add'l Fee	
Total		Minus			x \$9=	ļ		x \$18=		
Indep.		Minus			× 42 =			x \$84=		
First Presentation of Multiple Dep. Claim					+\$140=			+ \$280=		
					Total add'l fee	\$		Total add'l fee	ŝ	
	Please charge Deposit Account No. 23-1925 (BRINKS HOFER GILSON & LIONE) in the amount of \$ A duplicate copy of this sheet is enclosed.									
	A check in the amount of \$ to cover the filing fee is enclosed.									
$\boxtimes$	The Commissioner is hereby authorized to charge payment of any additional filling fees required under 37 CFR § 1.16 and any patent application processing fees under 37 CFR § 1.17 associated with this communication or credit any overpayment to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.									
$\boxtimes$	I hereby petition under 37 CFR § 1.136(a) for any extension of time required to ensure that this paper is timely filed. Please charge any associated fees which have not otherwise been paid to Deposit Account No. 23-1925. A duplicate copy of this sheet is enclosed.									
	Respectfully submitted,									
Craje A. Summerfield Registration No. 37,947 Attorney for Applicant										
BRINKS HOFER GILSON & LIONE P.O. BOX 10395 CHICAGO, ILLINOIS 60610 (312) 321-4200										
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, with sufficient postage, in an envelope addressed to:  Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on <u>September 8, 2003</u> .										
Date: 5gd 8200 Signature: Cay & Friell										

#### PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10627290

CLAIMS AS FILED - PART I (Column 1) (Column 1)					(Colu	mn 2)		SMALL EN	ITITY	OR	OTHER	1
TOTAL CLAIMS			31					RATE	FEE	Ī	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	Basic Fee	750.00
TOTAL CHARGEABLE CLAIMS			3/ minus 20= *		- 11			X\$ 9=		OR	X\$18=	198
INDEPENDENT CLAIMS			3 minus 3 = *		*			X42=		OR	X84=	7 7 0
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter					"0" in c	olumn 2	1	TOTAL		OR	TOTAL	948
CLAIMS AS AMENDED - PART I					T II						OTHER	THAN
		(Column 1) CLAIMS		(Colur		(Column 3)	1 .	SMALL		OR	SMALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	(O) AINA	=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ا '	+140=	1	OR	+280=		
							TOTAL ODIT, FEE		OR	TOTAL ADDIT, FEE		
		(Column 1)		(Colur	nn 2)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=	11	X42=		OR	X84=	
L	PINOT PRESE	NTATION OF MU	ILTIPLE DEF	ENDENI	CLAIM		▋▐	+140=	_	OR	+280=	
•								TOTAL DDIT, FEE		OR	TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)											
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	][	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	±	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***			]	X42=			X84=	
`_	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		J ├			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ** ADDIT. FEE ADDIT. FEE												
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												